

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Sharon B. Majors-Lewis		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Governor's Office
POSITION Judicial Appointments Secretary	CB/ID NUMBER	DIVISION OR BUREAU Judicial Appointments	INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street	TELEPHONE NUMBER
CITY San Diego	STATE CA	ZIP 92101	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
1-12-	6:15a	SD-SAC-	134.93		10.00	18.00		139.20	A	39.60		0.00	341.73	
1-13-			134.93		7.13		6.00					0.00	148.06	
14-Jan-	6:10p	SD			10.00		6.00			39.60		0.00	55.60	
15-Jan-	2p-6:45p	SD-LA-SD						40.10	TRAIN			0.00	40.10	
1-19-	6:15a	SD-SAC-	134.93		10.00			139.20	A	39.60		0.00	323.73	
1-20-			134.93		10.00		6.00					0.00	150.93	
1-21-			134.93		10.00		6.00					0.00	150.93	
22-Jan-	8:50a	SD		5.32						52.60		0.00	57.92	
1-25-	6:15a	SD-SAC-	134.93		10.00			328.68	A	39.60		0.00	513.21	
1-26-			134.93		10.00	18.00	6.00					0.00	168.93	
27-Jan-	4:25p	SD			10.00		6.00			39.60		0.00	55.60	
29-Jan-	1p-5:50p	SD-LA-SD						80.20	TRAIN	46.90		0.00	127.10	
												0.00	0.00	
SUBTOTALS			944.51	5.32	87.13	36.00	36.00	727.38	0.00	297.50	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$2,133.84	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meet with legislators, interview applicants for judicial
apps. Meet event in LA, meet w/ Governor, meet with
ONE Comm in LA

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240880

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIG

DATE

2/3/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

2/8/10

SIGNATURE OF TITLE OF AUTHOR

R SPECIAL EXPENSES

DATE